

<b>REVOCATION AND NEW APPOINTMENT OF POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		ATTORNEY DOCKET NO. <b>1013-022 US</b>	
		U.S. APPLICATION SERIAL NO. <b>10/617,254</b>	CONFIRMATION NO. <b>2427</b>
		FILING DATE <b>July 11, 2003</b>	
INVENTOR(S) <b>Myrtle THIERRY-PALMER</b>	EXAMINER (if known) <b>Leon B. LANKFORD, Jr.</b>	ART UNIT (if known) <b>1651</b>	
TITLE OF APPLICATION <b>METHOD FOR IDENTIFYING SALT-SENSITIVE PERSONS</b>			

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SIGNATURE of Assignee	
 <small>Signature</small> <b>James W. LILLARD</b> <b>Morehouse School of Medicine</b> <small>Printed or Typed Name</small>	<b>9/10/10</b> <small>Date</small>

NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.